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POSTNATAL CARE IN BRAZIL: OPPORTUNITIES AND CHALLENGES

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ABSTRACT

Aim: in this paper the authors described the experience in proposition and realization of a workshop in a partnership between UK and Brazilian researchers. The aim was plan out a strategy for the successful implementation of interventions to improve the health and wellbeing of women's postnatal care in Brazil.

Method: this is an experience report about the implementation of that workshop. It was held in the *Universidade Federal de Santa Catarina*, from 7 to 10 March 2016, under the auspices of the British Council Researcher Links Scheme, funded through the Newton Fund and Brazilian Council of the State Foundations of Research, Sciences and Innovation represented in Santa Catarina by Foundation for Research and Innovation of Santa Catarina.

Results: during the workshop were presented health and social care experiences of women in Brazil from pregnancy through to the months after birth, integrated review of social technology in health, the importance of specific public health initiatives and good health surveillance in a country as large and multi-cultured as Brazil. It was also carried out a meeting between health professionals and women and their partners who had received postnatal care. Each day we worked in small groups to identify the research areas that we were interested in moving forward with as a Brazil-UK research network.

Conclusions: a number of perceived opportunities and challenges were identified during the workshop from researchers, practitioners, parents and policy makers. The success of social technology interventions depends on their appropriate introduction within Brazil's social and healthcare context.

DESCRIPTORS: Postnatal care. Technology. Innovation. Nursing care. Women's health.

CUIDADO PÓS-NATAL NO BRASIL: OPORTUNIDADES E DESAFIOS

RESUMO

Objetivo: neste artigo os autores descreveram a experiência de propor e realizar um workshop colaborativo com pesquisadores brasileiro e do reino unido. O objetivo foi planejar uma estratégia que garantisse o sucesso na implementação de intervenções para melhorar a saúde e o bem-estar de mulheres em cuidado pós-natal no Brasil.

Método: relato de experiência sobre a implementação de um workshop. Foi desenvolvido na Universidade Federal de Santa Catarina do dia 7 ao dia 10 de março 2016, com o patrocínio do *British Council Researcher Links Scheme*, fundado através do Fundo Newton e do Conselho Brasileiro de Fundações Estaduais de Amparo à Pesquisa, Ciência e Inovação representado em Santa Catarina pela Fundação de Pesquisa e Inovação de Santa Catarina.

Resultados: durante o workshop foram apresentadas experiências sociais e de saúde de mulheres brasileiras, desde a gravidez ate alguns meses pós-natais. Integraram-se discussões sobre tecnologia social em saúde, sobre a importância de inovações específicas na saúde pública e vigilância em saúde, em um país tão grande e multicultural como Brasil. Desenvolveu-se uma reunião entre profissionais de saúde, mulheres e acompanhantes que tem recebido cuidado pós-natal. Trabalhamos em grupos pequenos com o intuito de identificar as áreas que nos interessavam desenvolver na rede Brasil-Reino Unido.

Conclusões: o número de oportunidades e desafios percebido foram identificados durante o workshop pelos pesquisadores, profissionais atuantes, pais e formuladores de políticas. O sucesso das intervenções tecnológicas e sociais depende da sua introdução apropriada no contexto social e da saúde brasileira.

DESCRIPTORES: Cuidado pós-natal. Tecnologia. Inovação. Cuidados de enfermagem. Saúde da mulher.

CUIDADO POST-NATAL EN BRASIL: OPORTUNIDADES Y DESAFÍOS

RESUMEN

Objetivo: en este artículo los autores describieron la experiencia de proponer y realizar un taller colaborativo con investigadores brasileños y británicos. El objetivo fue planear una estrategia que garantizara el éxito en la implementación de intervenciones para mejorar la salud y el bienestar de mujeres en cuidado post-natal, en Brasil.

Método: relato de experiencia sobre la implementación de un taller. Fue llevado a cabo en la Universidad Federal de Santa Catarina, del 7 al 10 de Marzo del 2016, con el auspicio del *British Council Researcher Links Scheme*, fundado a través del Fondo Newton y el Consejo Brasileño de Fundaciones Estatales de Amparo a la investigación, ciencia e innovación representado en Santa Catarina por la Fundación de Investigación e Innovación de Santa Catarina.

Resultados: durante el taller fueron presentadas experiencias sociales y de salud de mujeres brasileñas, desde el embarazo hasta algunos meses post-natales. Se integraron discusiones sobre tecnología social en salud, la importancia de innovaciones específicas en salud pública y vigilancia en salud, en un país tan grande y multicultural como Brasil. Se llevó a cabo una reunión entre profesionales de salud, mujeres y sus acompañantes que han recibido cuidado post-natal. Cada día, trabajamos en grupos pequeños para identificar las áreas que nos interesaban en desarrollar en la red Brasil-Gran Bretaña.

Conclusiones: El número de oportunidades y desafíos percibidos fueron identificados durante el taller, por los investigadores, profesionales de salud actuantes, padres y formuladores de políticas. El éxito de las intervenciones tecnológicas y sociales depende de su introducción apropiada en el contexto social y de salud brasileño.

DESCRIPTORES: Atención posnatal. Tecnología. Innovación. Atención de enfermería. Salud de la mujer.

INTRODUCTION

Between the 7-10 March 2016, healthcare and social technology researchers from Brazil and the United Kingdom gathered in the *Universidade Federal de Santa Catarina* to discuss the possibilities of using social technology to deliver solutions to postnatal care in Brazil. The aim of the workshop was to plan out a strategy for the successful implementation of interventions designed to improve the health and wellbeing of Brazilian women in the first year after giving birth. It was also recognised that if successful solutions were found to postnatal care in Brazil, they could provide the basis for improvements in postnatal care elsewhere in Latin America and beyond.

METHOD

Postnatal care in Brazil

The promotion of maternal health and wellbeing is key to good family health. Environment and care in the early years of life are recognized to having lifelong implications for health and well-being. Millennium development goals have identified the importance of maternal and child health interventions to improve the overall health of the population in the short and long term. Reducing maternal morbidity and mortality is a global challenge and while statistics in recent years have shown a substantial reduction, more needs to be done in the time after birth to reduce maternal morbidity and mortality in Brazil.¹⁻²

A particular challenge for Brazil relates to the health risks for women in the year after giving birth. In particular, sepsis and postpartum haemorrhage

have been identified as major causes of maternal mortality.¹⁻² Moreover, near miss cases related to these complications are four times higher than such rates in developed countries.³⁻⁴ A major opportunity for change exists in the first year after birth with immediate economic and social impact being possible through the introduction of good healthcare interventions building on an international evidence base and currently available technology. That opportunity relates to the development of effective social technology solutions for monitoring and education.⁵

The workshop

The workshop was held in the *Universidade Federal de Santa Catarina* under the auspices of the British Council Researcher Links Scheme, funded through the Newton Fund and Brazilian Council of the State Foundations of Research, Sciences and Innovation (CONFAP) represented in Santa Catarina by Foundation for Research and Innovation of Santa Catarina (FAPESC). The specific aim of the workshop was to conduct a needs assessment for women in Brazil in the year after birth and to explore ways of developing social technology solutions aimed at improving the social, economic and health outcomes of these women and their families.

The workshop was attended by 15 researchers from Brazil and 15 from UK acting in the areas of social sciences, health sciences, engineering and computer sciences, and the coordination of two researcher one from Brazil and one from UK. It also had four mentors, two british (one nurse and one physician) and two brazilian (one nurse and one computer engineer) details at www.repensul.ufsc.

br/workshop. Thus reflecting the interdisciplinary of the event.

On day 1 Dr Odaléa Maria Brüggemann gave an excellent presentation on the health and social care experience of women in Brazil from pregnancy through to the months after birth which clearly demonstrated that we need more information on women's experiences, preferably following them up over time, to identify where the gaps in care are and to highlight opportunities and barriers to improving health.

On Day 2 Dr Bruno Panerai Velloso presented a very thought provoking integrated review of social technology in health which highlighted the range of activity going on internationally and also helped us to redefine and be creative about what we mean by social technology.

Day 3 saw us out and about meeting women and their partners who recently had babies and also talking with health professionals. Dr Alan Indio Serrano reinforced the importance of specific public health initiatives and also the importance of good health surveillance in a country as large and multi-cultured as Brazil.

Each day we worked in small groups to identify the research areas that we were interested in moving forward with as a Brazil-UK research network. It was both exciting and reassuring that by the fourth day we were very much agreed on the main research priorities. Detailed information on the Workshop, presentations and participant posters can be found at www.repensul.ufsc.br website (check details).

Opportunities and challenges

A number of perceived opportunities and challenges were identified during the workshop from researchers, practitioners, parents and policy makers. First we agreed that before we could develop effect interventions we needed more information on the current needs of women in Brazil.⁶ We identified research through to key mechanisms; enhancing computer systems and maternity surveys. Good computer systems which merge health and social care data would help improve communication between health care professional looking after women would provide invaluable data for individual care, epidemiological study and also service planning. We also recognised that we have limited information on the perinatal care experience of women in Brazil. Maternity surveys provide valuable information and ensure that the voices of

women are heard in the development of services.⁷⁻⁸ When used alongside good routine data and in-depth qualitative information gleaned through focus group interviews with mothers, we can have a much better understanding of the needs of women particularly in the postnatal period.

We also recognised that the success of social technology interventions depends on their appropriate introduction within Brazil's social and healthcare context. Another key strand of preparatory research will involve seeking information from healthcare professionals and policy makers about the potential barriers to and facilitators of the successful introduction and sustainability of these interventions. These discussions should include how social care technologies could integrate with and support the work of professionals.⁹⁻¹⁰

We concluded that preparation for the development and introduction of social technology interventions that can truly impact on health and wellbeing will involve building a comprehensive knowledge base relating to three fundamental issues. First, we need to obtain good information about the experiences and needs of women in the postnatal period. Second, we need to be aware of the possibilities and limitations offered by the technologies that we propose to use. Third, we require an understanding of the social and healthcare context into which the interventions will be introduced.¹¹⁻¹²

At a substantive level, we agreed to move forward in exploring the feasibility of adopting social technology to support women in relation to particular issues that we identified as crucial to their health. These issues were: breastfeeding; contraception; the sequelae of Caesarean Section, particularly infection; Zika virus; and psychological wellbeing. Throughout the workshop we wrestled with physical and psychological health priorities and at one stage actively separated them out to make them manageable to discuss. However the workshop was in agreement that an integrated health approach was the best way forward in developing postnatal care interventions. We should give parity of esteem between physical and mental health and, as there is a high level of comorbidity between physical and mental health conditions, there would be greater benefit from an integrated care approach.

At times the research agenda felt overwhelming as we worked at consolidating and prioritising research that could impact on women in Brazil in the postnatal period and in identifying how technology might be used to make advances in enhancing their health and experiences of care. In sharing these

opportunities and challenges we hope to make progress with a collaborative, inclusive approach working across countries to find solutions that could be used internationally to reduce morbidity and mortality in the first year of life when there is the potential to make a lasting impact on families and our wider societies.

CONCLUSION

In this workshop, social technology is regarded as any product, method, process or procedure created to solve any social problem that meet the requirements of: simplicity, low cost, easy applicability and mainly social impact.

It was possible to identify social technology in this scope as a tool which can contribute to reducing the health problems of Brazilian women in the postnatal period. The success of this interdisciplinary technology production depends on: identifying the care needs of, and with this population; knowledge about social and health contexts in which it is inserted; recognition of the potential barriers and facilities for the implementation and sustainability of the proposed interventions.

The workshop made it possible for researchers from Brazil and the United Kingdom to share experiences and discuss a research agenda considering the care priorities in the post-natal period. The social technology can contribute to progress in solving health problems in this period.

REFERENCES

1. Victora CG, Auino EML, Do Carmo Leal M, Augusto Monteiro C, Barros FA, Szwarzwald CL. Maternal and child health in Brazil: progress and challenges. *Lancet*. 2011 May 28; 377(9780):1863-76.
2. Souza ML, Laurenti R, Knobel R, Monticelli M, Brüggemann OM, Drake E. Mortalidade materna por hemorragia no Brasil. *Rev Latino-Am Enfermagem* [Internet]. 2013 [cited 2016 Oct 13]; 21(3). Available from: http://www.scielo.br/pdf/rlae/v21n3/pt_0104-1169-rlae-21-03-0711.pdf
3. PS R, Verma S, Rai L, Kumar P, Pai MV, Shetty J. "Near miss" obstetric events and maternal deaths in a tertiary care hospital: an audit. *J Pregnancy* [Internet]. 2013 [cited 2016 Oct 13]; 2013:393758. Available from: doi: 10.1155/2013/393758.
4. Santos JP, Cecatti JG, Serruya SJ, Almeida PV, Duran P, Mucio B, et al. Neonatal Near Miss: the need for a standard definition and appropriate criteria and the rationale for a prospective surveillance system. *Clinics* (Sao Paulo). 2015 Dec; 70(12):820-6.
5. Soares FV, Arruda PL. Social Technologies and Public Policies in Brazil. International Policy Centre for Inclusive Growth. 2015 Mar [cited 2016 Oct 13]; 48. Available from: http://www.ipc-undp.org/pub/eng/PRB48_Social_Technologies_and_Public_Policies_in_Brazil.pdf
6. Meira BM, Pereira PAS, Silveira MFA, Gualda DMR, Santos Jr HPO. Desafios para profissionais da atenção primária no cuidado à mulher com depressão pós-parto. *Texto Contexto Enferm* [Internet]. 2015 [citado 2016 Out 25]; 24(3): 706-12. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072015000300706&lng=pt
7. Alderdice F, Hamilton K, McNeill J, Lynn F, Curran R, Redshaw M. Birth NI: a survey of women's experience of maternity care in Northern Ireland. Belfast (UK): Queens University Belfast; 2015.
8. Redshaw M, Henderson J. Safely delivered: a national survey of women's experience of maternity care 2014. Oxford (UK): NPEU; 2015.
9. Waneka R, Spetz J. Hospital information technology systems' impact on nurses and nursing care. *J Nurs Adm*. 2010 Dec; 40(12):509-14.
10. Brüggemann OM, Mary AP, Osis MJD. Evidence on support during labor and delivery: a literature review. *Cad Saúde Pública*. 2005; 21(5):1316-27.
11. Miller AR, Tucker CE. Can health care information technology save babies? *J Polit Econ*. 2011; 119(2):289-324.
12. Mantas J, Ammenwerth E, Demiris G, Hasman A, Haux R, Hersch W, et.al. Recommendations of the international medical informatics association (IMIA) on education in biomedical and health informatics *Methods Inf Med*. 2010 Jan 7; 49(2):105-20.

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